



## TRI-VALLEY YOUTH LEAGUE SOFTBALL

P.O. BOX 411 FRAZEYSBURG, OH 43822

TVYLSOFTBALL@GMAIL.COM

TRIVALLEYOUTHLEAGUESOFTBALL.COM

FREW PARK, FRAZEYSBURG, OH

### **COACHES APPLICATION**

It is the goal of Tri-Valley Youth League Softball Board of Trustees to, first and foremost, protect the children participating in this program. TVYLS Board of Trustees values its volunteer coaches and recognizes the vital role they play in the physical and emotional development of our youth sports participants. The objective of TVYLS shall be to firmly plant in the children of the community, the ideals of good sportsmanship, honesty, loyalty, courage, commitment, and respect for authority so that they may be well adjusted, stronger and happier children. All volunteers of the local league will demonstrate the above-mentioned ideals, proper communication and role modeling. We thank and commend our volunteers for the interest, sacrifice and commitment they make to our children, the program and the positive impact they have on the overall quality of life in our community. The application process is an attempt to ensure the children are entrusted with the most experienced, dedicated and fundamentally sound individuals possible.

Please take a moment to complete this form and return as soon as possible.

Please Circle the age group you wish to coach: 6U T-Ball      8U      10U      12U

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

COACHING EXPERIENCE IN YEARS \_\_\_\_\_ PLAYING EXPERIENCE IN YEARS \_\_\_\_\_

LIST ANY PREVIOUS COACHING EXPERIENCE. INCLUDE SPORT AND AGE GROUP:




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DO YOU HAVE A CHILD PARTICIPATING IN THIS PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT AGE GROUP? \_\_\_\_\_

DO YOU WISH TO COACH THIS TEAM? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU COACHED FOR TRI-VALLEY YOUTH LEAGUE SOFTBALL PREVIOUSLY? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU PLAN TO HAVE AN ASSISTANT COACH? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHO (NAME) \_\_\_\_\_

(ASSISTANT COACH WILL ALSO NEED TO COMPLETE APPLICATION FORM)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES PLEASE EXPLAIN:


ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES \_\_\_\_\_ NO \_\_\_\_\_

I agree that if I am selected to coach a team: I agree to attend all coaches meetings (pre-season, post-season and in-season). \_\_\_\_\_ I will be responsible for the behavior of my team when gathering for practices/games, during practices/games and at any other time where the individual players are organized for the purposes of participating in a league event. \_\_\_\_\_ I understand that I am not guaranteed a position as a head or assistant coach and that all decisions regarding coaching positions are made exclusively by the Tri-Valley Youth League Softball Board of Trustees. \_\_\_\_\_ I understand and agree that, upon request of the Board of Trustees, I may be required to submit to criminal background investigation by BCI&I and or FBI. \_\_\_\_\_ No alcoholic beverages, tobacco or profanity will be tolerated by those involved in



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the TVYLS program. This includes players, umpires and coaches. (*initial all blanks above as acknowledgment*)

I hereby release and agree to indemnify and hold harmless the Tri-Valley Youth League Softball (TVYLS) Board of Trustees and any volunteer of TVYLS against any and all claims resulting from participation in TVYLS. With my knowledge, by participating in this activity, I assume any risk of injury.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*PLEASE EMAIL APPLICATIONS TO [tvylsoftball@gmail.com](mailto:tvylsoftball@gmail.com)\*\*\*